	-	Applica	ation Number	10/626,351			
TRANSMITTAL					2003		
FORM		<u> </u>	amed Inventor	Michael Rus	ssell		
(to be used for all correspondence after initial filing)		Art Unit		1649			
		Examiner Name		Stephen Gucker			
Total Number of Pages in This 12			ey Docket Number				
Submission		,	, 200.01.1.	64371-5003	3-US		
ENCLOSURES (Check all that apply)							
Fee Transmittal Form	☐ Drawin	ıg(s)		After Allowance Communication to Group			
Fee Attached	Licens	ing-relate	d Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment/Reply	Petitio	n		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
☐ After Final ☐		Petition to Convert to a Provisional Application		☐ Proprie	Proprietary Information		
Affidavits/declaration(s)	Power Chang	of Attorney, Revocation e of Correspondence Address		☐ Status	Status Letter		
☐ Termi☐ Extension of Time Request		inal Disclaimer		Other Enclosure(s) (please identify below):			
Express Abandonment Request		est for Refund Number of CD(s)		Statemer	nt under 37 C.F.R. § 3.73(b)		
Information Disclosure Statement							
Certified Copy of Priority Document(s) Rem		The Commissioner is authorized to charge any additional fees to De Account 50-0310.		charge any additional fees to Deposit			
Response to Missing Parts/ Incomplete Application			1				
Response to Missing Parts under 37 CFR 1.52 or 1.53							
			ICANT, ATTORNEY	, OR AGEN	T		
l							
Individual Ada Wong	dividual Ada Wong Reg. No. 55,740						
Signature Adu D. X AM							
Date January 26, 2007							
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Typed or printed name Candida Rubalcaba-Rivera							
Signature				Date	January 26, 2007		

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FEE TRANSMITTAL For FY 2006 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 510 METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order □ None □ Other (please identity): □ Check □ Credit Card □ Money Order □ None □ Other (please identity): □ Check □ Credit Card □ Money Order □ None □ Other (please identity): □ Charge Fee(s) indicated below □ Charge Fee(s) indicated below: □ Charge any additional fee(s) or underpayments of (fee(s) □ Credit any overpayments For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge any additional fee(s) or underpayments of (fee(s) □ Credit any overpayments For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTo-2038. WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTo-2038. WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTo-2038. WARNING: information on this form may become public. Small Entity Application Type Fee (5)	O STATE OF THE STA				Complete if Known			
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Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Stephen Gucker								
TOTAL AMOUNT OF PAYMENT (\$) 510				1.27	Examiner Name		ucker	
METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order □ None □ Other (please identify: □ Deposit Account □ Deposit Account Number: 50.0310 □ Deposit Account Name: Morgan, Lewis & Bocklus LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge Fee(s) indicated below □ Charge Fee(s) indicated below, except for the filing fee □ Charge any additional fee(s) or underpayments of (fee(s) □ Credit any overpayments For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) WARNING: information ant his form may become public. Credit card information about not be included on this form. Provide credit card information and authorization on PT0-2928. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FEE (5)	Applicant Guinto anian entity status, Good or Grit 1127							
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Deposit Account Deposit Account Number: 50-0-310 Deposit Account Name: Morgan, Lewis & Bocklus LLP	METHOD OF PAYMENT (check all that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) \[\text{Charge Fee(s)} indicated below \text{Undergothere} \] \[\text{Charge Fee(s)} indicated below \text{Vector for the filing fee} \] \[\text{Charge pee(s)} indicated below, except for the filing fee} \] \[\text{Charge Fee(s)} indicated below, except for the filing fee} \] \[\text{Charge pee(s)} indicated below, except for the filing fee} \] \[\text{Charge pee(s)} indicated below, except for the filing fee} \] \[\text{Charge pee(s)} indicated below, except for the filing fee} \] \[\text{Charge pee(s)} indicated below, except for the filing fee} \] \[\text{Charge pee(s)} indicated below, except for the filing fee} \] \[\text{Vector the above-identified deposit account, the Director is hereby authorized to: (check all that apply) \] \[\text{Vector the above-identified deposit account, the Director is hereby authorized to: (check all that apply) \] \[\text{Vector the above-identified deposit account, the Director is hereby authorized to: (check all that apply) \] \[\text{Vector the above-identified deposit account, the Director is hereby authorized to: (check all that apply) \] \[\text{Vector the above-identified deposit account, the Director is hereby authorized to: (check all that apply) \] \[\text{Vector the above-identified deposit account, the Director is hereby authorized to: (check all that apply) \] \[\text{Vector the authorized to: (check all that apply)} \] \[\text{Vector the authorized to: (check all that apply)} \] \[\text{Vector the authorized to: (check all that apply)} \] \[\text{Vector the authorized to: (check all that apply)} \] \[Pee (S) Fee (S	☐ Check ☐ Credit Care	d Mone	y Order No	ne Other (pleas	e identify:			
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SUBMITTED BY			
Signature	per of 12 My	Registration No. (Attorney/Agent) 55,740	Telephone (415)442-1490
Name (Print/Type)	Ada O. Wong		Date: January 26, 2007

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